

City of Charleston An Equal Opportunity Employer 174 East Bay Street Suite 302 Charleston, SC 29401

> (843) 724-7388 Phone (843) 724-7358 Fax

www.charlestoncity.info

(Fold Line)

(Fold Line)

Place Stamp Here

Please fold, seal and mail to:

CITY OF CHARLESTON

Human Resources 174 East Bay Street Suite 302 Charleston, SC 29401 Database Number HR Use Only



(843) 724-7388 Office (843) 724-7358 Fax (843) 720-3907 Jobline

hr@ci.charleston.sc.us

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The City of Charleston is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the **Freedom of Information Act**. If you are

Position:						Date	of Application
(one position per application)						Duit	or rippirounon
		,					
Last Name			First Name			Middle Name	
Address		I		City		State	Zip Code
Home Telephone	Cell Phone Number	Alternate	Contact Number	Email Address			
Referral Source Newspaper	☐ Job Service ☐ City's Jobline ☐ TV Ad/Cable	□ Wa	lio Ad lk-In Fair	☐ City's Web ☐ Internet (si ☐ City Emple		ama)	
Have you ever been an emp	oloyee of the City C						
11 yes,	Departmen	t	F	osition		D	ates: From To
Do you have any relatives of	employed here?	Yes 🗆 No	If yes,				
	0.1			Name	_	tment	Relation
Are you able to provide pro Have you been convicted o	•						
	ot necessarily mean you cify date(s) and nat						
VAILABILITY	г.						
☐ Immediately ☐ After two week notice ☐	e 🗖 Full-T	ime (37.5 or n	c (check all that nore hours per was 137.5 hours per	reek)	Inclement V Temporary Rotating Sl	(no benefits)	OutdoorsWeekendsHolidays
EDUCATION Beginning with	high school, provide in	formation on all s	chools attended incl	uding universities, o	colleges, technic	cal schools an	d trade schools.
		(Circle Highest		<u> </u>		
Name and State of School High School			Level Complete	d Degree		Major	<u> </u>
riigii School		9	9 10 11 12				
Trade/Technical School			1 2 3 4				
Undergraduate School							
β			1 2 3 4 5				
Graduate School/ Post-Graduate	School		1 2 3 4 5	6			
List any Professional or	Name of (Certification	Issuir	g Organization	ī	ssue Date	Expiration
Trade Certifications that you have.		Octimounon	155411	<u> </u>			<u>Date</u>
FORMAL TRAINING You r	nay be required to provi				D-1 ()	Т	C1-4 19
Name of Training		Presented by	y		Date(s)		Completed? Yes No
		1			I		LIVES LINO
							☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

List jobs starting with your *present or most recent job*. Include any military experience. Account for all employment/educational activity within the last 7 years. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form

<i>Етріоутені Ехрегіенсе</i> 101111.							
Company Name		Telephone	Dates Employed From	То			
Address			☐ Full-Time ☐ Part-Time	<u> </u>			
Job Title		Name of Supervisor	May we contact t	his employer?			
			□ Yes □				
Describe Duties			Reason for leavi	ng.			
			Start Salary	End Salary			
List tools, equipment and compu	ter software utilized in this position.		-	-			
Company Name		Telephone	Dates Employed From	То			
Address			☐ Full-Time ☐ Part-Time				
Job Title		Name of Supervisor	May we contact t	his employer?			
			☐ Yes ☐				
Describe Duties			Reason for leavi	ng.			
			Start Salary	End Salary			
List tools, equipment and compu	ter software utilized in this position.		,	•			
Company Name		Telephone	Dates Employed From	То			
Address			□ Full-Time	10			
			☐ Part-Time				
Job Title		Name of Supervisor	May we contact t ☐ Yes ☐				
Describe Duties			Reason for leavi	ng.			
			Start Salary	End Salary			
List tools, equipment and compu	ter software utilized in this position.						
Company Name		Telephone	Dates Employed				
Address] ()	From To Graph Full-Time				
radioss			☐ Part-Time				
Job Title		Name of Supervisor	May we contact t				
Describe Duties		L	Reason for leavi				
			Start Salary	End Salary			
List tools, equipment and compu	ter software utilized in this position.		I	l .			
KILLS							
Typing / Word Processing	Indicate the number of words per minute you can type without error:						
Computer Software	Indicate the types of software you are skilled in using: ☐ Windows ☐ Word ☐ Excel ☐ PowerPoint ☐ Access ☐ Outlook ☐ Internet Other						
Telephone Experience	Have you operated a multi-line phone? \(\text{Yes} \) No Number of Lines? Years of experience?						
	Do you have a Valid Driver's License? ☐ Yes ☐ No						
Driver's License	Do you have a valid Driver's Licens	se! I ies I no					

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment upon passing a pre-employment physical, background investigation and/or a drug test. I also understand and acknowledge that all employees of the city are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.

Signature of Applicant	Date
<i>5 J</i> 11	



EEO Information

• Not for Interviewing or Screening Purposes •

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Social Security	Nu	mber	Date of Birth
Address					Telephone Number
 Newspaper Ad Radio Ad TV Ad/Cable City's Website Internet (site) City Employee R 	about this job opening? Job Service JobLine Walk-in Job Fair deferral (employee's name) y city, county, state or federal agency, departmen	t or bureau to re		American In (original peoples through tribal affir Asian or Pa (original peoples Subcontinent or the Hispanic (all persons of Mc American or othe Black (not (all persons havin Africa) White (not (all persons havin North Africa or the Other (spec	exican, Puerto Rican, Cuban, Central or South r Spanish culture or origin regardless of race) of Hispanic origin) g origins in any of the Black racial groups of of Hispanic origin) g origins in any of the original peoples of Europe, at Middle East) iffy) mation in their files under the
information blameles	tand and realize that the information so released as for any error in reporting this information. I furne release of this information.				
Signature of Applicar	nt:			Da	ite:
Federal government of	VIDUALS WITH DISABILITIES, DISABLED contractors are subject to Section 402 of the Vietr action to employ and advance in employment quantum statements.	nam Era Veteran	ıs R	eadjustment	Act of 1974 which requires that
the Rehabilitation Ac If you are a disabled provide information r	t of 1973, as amended, which requires the same of veteran or have a physical or mental disability, you egarding proper placement and appropriate accountion will not adversely affect any consideration y	of qualified disab ou are invited to mmodation to en	bled vol nabl	individuals unteer this i e you to per	nformation. The purpose is to form the job in a proper and safe

If you wish to be identified, sign here: __